Pastoral Reference Form Doctor of Ministry



Instructions to the Applicant

Please complete the following before distributing the form.

Applicant's name

Address

Date of birth _

NOTE: The following references are not acceptable:

- · References from neighbors, friends, relatives, personal therapists, or employees who report directly to the applicant
- References from those who have known the applicant less than 1 year

TO THE APPLICANT: I understand this evaluation is to be received and maintained in confidence by North Park Theological Seminary for admission and consideration for graduate status. The Family Education and Privacy Act of 1974 provides the applicant the right of access to information provided by their references after the application has been accepted and the applicant has enrolled at North Park Theological Seminary. The law also allows the applicant the privilege to waive the right of access, an action which may enhance the integrity of recommendations and references. No school, however, can require an applicant to sign such a waiver, nor can it discriminate in any way against any applicant who does not waive his or her right to access.

□ I agree to waive access to this reference evaluation.

□ I do not agree to waive access to this reference evaluation.

Signature

Date

Instructions to the Recommender

The applicant named above has applied for admission to North Park Theological Seminary and has requested that you provide a reference. We would be grateful if you would give your frank evaluation of the applicant by responding to the following questions.

North Park Theological Seminary is a professional graduate school which strives to prepare men and women for various forms of Christian ministry. Each applicant is evaluated using several criteria, including Christian experience, personal character, academic record and potential, ministerial promise, and references.

Please note above whether the applicant has agreed, or has not agreed, to waive access to your reference evaluation.

Please email form to semadmissions@northpark.edu or mail to: North Park Theological Seminary Admissions, Box 14, 3225 West Foster Avenue, Chicago, IL 60625. Be sure to retain a copy for yourself. If mailing this form, please be sure to sign and seal the flap of the envelope.

To Be Completed by the Recommender

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Relationship to the Applicant

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How long have you known the applican	it? (Years, months)				
0 1 11						
How well do you know the applicant?	Casually	□ Well	□ Very Well			
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Check the context(s) in which you know	v the applicant:					
As a member/attender of my church where I am in leadership						
As a colleague in ministry leadership						
As an employee under my supervision						
As a student in D one or D more than one college or graduate school course						
□ Other (please specify)						
Assessment of Applicant's Abilities						

How would you rate this individual compared to others who have applied to graduate school?							
□ Top 10%	□ Top 20%	□ Top 30%	□ Top 40%	□ Top 50%	□ Below 50%	Can't assess	
Is the applicant's scholastic record, as you know it, an accurate reflection of the quality and range of his/her skills and competencies?							

☐ Yes ☐ No If you choose "No," please attach an explanatory statement.

Please check the following descriptions that apply to the candidate:

	Below a	average	Average	Above average	Unknown
Social appropriateness					
Emotional stability					
Personal maturity					
Composure					
Cooperation					
Teamwork					
Responsibility					
Initiative					
Communication					
Articulateness					
Creative instinct					
Academic potential					
Critical thinking skills					
Leadership qualities					
Professional ability					
Spiritual maturity					
Church involvement					
Parachurch involvement (if applicable)					

Personal Evaluation of the Applicant

(Attach additional pages if necessary.)

The special assets this applicant has for graduate study and the ministry are:

If this candidate is admitted to North Park, his/her chief need for personal development or improvement will be:

Additional comments:

Recommendation

(Must be completed by the recommender)

Please check one of the following: \Box Recommend, but with reservation

□ Recommend for admission \square Do not recommend for admission

Name of recommender (please print or type)		
Position or job title		
Name of church, organization, business, or institution		
Address		
Office phone		
E-mail		
Signature	Date	
Disease shealt if you are a 🗖 North Dark faculty member	North Dark alum (Degrees and year of graduation))

□ North Park alum (Degree and year of graduation: ___ Please check if you are a
North Park faculty member